

CLAIMS ONLY						Application Number <div style="font-size: 1.2em; font-weight: bold;">10/760276</div>		Filing Date					
						Applicant(s)							
<i>10-15-07</i>						* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			/										
2				/									
3				/									
4				/									
5				/									
6				/									
7				/									
8				/									
9				/									
10				/									
11				/									
12				/									
13				/									
14				/									
15				/									
16				/									
17				/									
18				/									
19			/										
20				/									
21				/									
22				/									
23				/									
24				/									
25				/									
26				/									
27				/									
28				/									
29				/									
30				/									
31				/									
32				/									
33				/									
34				/									
35				/									
36				/									
37				/									
38				/									
39				/									
40				/									
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
Total Indep			<i>2</i>										
Total Depend			<i>38</i>										
Total Claims			<i>40</i>										